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DHEC Health Advisory

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Increase of Primary & Secondary Syphilis Cases Reported in Greenville County, SC/ Diagnosis, Treatment and Sex Partner Management Guidelines/Reporting Requirements

*This **Health Advisory** contains important information/guidance on the ongoing upsurge of Primary & Secondary Syphilis cases in Greenville County, SC.*

Summary

This Health Advisory is distributed to provide information regarding an upsurge of Primary & Secondary Syphilis cases observed in Greenville County since July 2011. Guidance and recommendations for diagnosis, treatment, follow-up and reporting requirements are included as well as partner service management. Comprehensive management of the index case and surveillance to include Pediatric STD/HIV screening and Hepatitis screening is essential.

- As of September 30th 2011, the number of Primary and Secondary Syphilis cases in Greenville County surpassed the total number of cases reported in 2010 by 18%.
- 65% of the cases were reported among MSM (Men who have Sex with Men), but an increasing number of cases have been reported among heterosexual females and males over the last few months.
- DHEC exhorts clinicians to increase their level of disease suspicion and follow CDC guidelines for the diagnosis and treatment of known or suspected Syphilis cases.

Current Situation

As of September 30th 2011, the number of Primary and Secondary Syphilis cases in Greenville County had already surpassed the total number of cases reported in 2010 by 18%. About 65% of the cases were reported among MSM (Men who have Sex with Men), but an increasing number of cases has been reported among heterosexual females and males over the last few months. The number of Primary and Secondary Syphilis cases reported in Greenville County has almost tripled since 2007. The increasing trend continues unabated in 2011. Case containment among MSM is critical to prevent disease transmission to other vulnerable populations. Since more people are visiting private medical providers to seek care, DHEC exhorts them to increase their level of disease suspicion and follow CDC guidelines for the diagnosis and treatment of known or suspected Syphilis cases.

Common Symptoms

Syphilis is a systemic disease caused by *T. pallidum*. Patients who have syphilis might seek treatment for signs or symptoms of primary infection (i.e., ulcer or chancre at the infection site), secondary infection (i.e., manifestations that include, but are not limited to, skin rash, mucocutaneous lesions, and lymphadenopathy), or tertiary infection (e.g., cardiac or ophthalmic manifestations, auditory abnormalities, or gummatous lesions). Latent infections (i.e., those lacking clinical manifestations) are detected by serologic testing.

Guidance for Clinical Management

Syphilis, HIV and other communicable diseases may at times occur without typical signs and symptoms. Clinicians should obtain detailed medical and risk assessment histories along with case by case reason for visit. A nonjudgmental risk assessment is needed to obtain essential information about sexual risk and possible exposure to STDs.

The 2010 CDC STD Treatment Guidelines and subsequent updates provide best practice guidance as follows:

- HIV screening is recommended in all health-care settings after the patient is notified that testing will be performed, unless the patient declines (opt-out screening).
- All persons should be asked about symptoms consistent with common STDs, including genital and perianal ulcers, regional lymphadenopathy, skin rash, hair loss, condyloma, etc.
- Persons at high risk for syphilis or HIV infection should have screening blood work for both at least annually.
- Persons with a history of injecting or other illicit drug use should have screening blood work for both HIV and syphilis.
- Persons with a history of trading sex for drugs or money should have screening blood work for HIV and syphilis.
  a. Additional Male Focus:
     - All males should have routine inquiry about the gender of their sex partners and be medically managed appropriately based on this information.
     - Men who have sex with men should have nonjudgmental STD/HIV risk assessment and client-centered prevention counseling to reduce the likelihood of acquiring or transmitting HIV or other STDs.
     - Clinicians also should routinely ask sexually active MSM about symptoms consistent with common STDs, including genital and perianal ulcers, regional lymphadenopathy, skin rash, and others. Clinicians also should maintain a low threshold for diagnostic testing of symptomatic patients.

  b. Additional Female Focus:
     - For pregnant women, syphilis/HIV screening should be included in the routine panel of prenatal screening tests for all pregnant women.
     - Pregnant women who have not been previously tested or who are at risk for new syphilis or HIV infection should have screening blood work for HIV/syphilis repeated at 28 weeks and again at delivery.
     - All pregnant women should be routinely tested for Hepatitis B surface antigen (HBsAg) during an early prenatal visit (e.g., first trimester) in each pregnancy, even if they have been previously vaccinated or tested.
     - All pregnant women should have routine inquiry about HIV/STD risk factors of current sex partners including sex with men, illicit drug use, injecting drug use and trading sex for drugs/money. Additional screening for HIV, syphilis and/or other STDs may be indicated based on this information.

Consideration for additional STD screening such as chlamydia, gonorrhea, hepatits B, hepatitis C and/or hepatitis A should be considered if risk factors are present.[deletion]

- Illicit drug use, injecting drug use or trading sex for drugs/money.
- MSM, including bi-sexual males.
- History of prior STD diagnosis or treatment.
- STD signs or symptoms or requests STD testing.
- Pregnant women who were not screened prenatally, those who engage in behaviors that put them at high risk for infection (e.g., more than one sex partner in the previous 6 months, evaluation or treatment for an STD, recent or current injecting-drug use, and HBsAg-positive sex partner), and those with clinical hepatitis should be retested at the time of admission to the hospital for delivery.

Testing and treatment are the keys to reducing disease and long term consequences of undiagnosed STDs. Increased screening, medical management, partner management and targeted awareness efforts are essential to improve current incidence trends and reduce disparities

Diagnostic Considerations and Use of Serologic Tests

Darkfield examinations and direct fluorescent antibody (DFA) tests of lesion exudate or tissue are the definitive methods for diagnosing early syphilis. A presumptive diagnosis is possible with the use of two types of serologic tests: 1) non-treponemal tests (e.g., Venereal Disease Research Laboratory [VDRL] and RPR) and 2) treponemal tests (e.g., fluorescent treponemal antibody absorbed [FTA-ABS] and *T. pallidum* particle agglutination [TP-PA]). The use of only one type of serologic test is insufficient for diagnosis because false-positive non-treponemal test results are sometimes associated with various medical conditions unrelated to syphilis.

Treatment

Primary, Secondary and Early Latent Syphilis

Parenteral penicillin G has been used effectively for more than 50 years to achieve clinical resolution (i.e., healing of lesions and prevention of sexual transmission) and to prevent late sequelae.

Recommended Regimen for Adults*

Benzathine penicillin G 2.4 million units IM in a single dose

* See CDC recommendations for treating HIV-infected persons and pregnant women for syphilis

Syphilis and HIV Co-infection

Genital sores (chancres) caused by syphilis make it easier to transmit and acquire HIV infection sexually. There is an estimated 2- to 5-fold increased risk of acquiring HIV if exposed to that infection when syphilis is present. Several studies have shown that HIV co-infection can alter the course of syphilis infection. Manifestations of this difference include multiple and slower resolving primary chancres, higher titer RPR, slower decline of RPR titers, higher rate of serologic failure, increased frequency of CSF abnormalities and CSF-VDRL positivity, higher incidence of ocular disease, and higher rate of relapse. In 2010 a total of 213 Early Syphilis cases were HIV co-infected in South Carolina. Periodically testing people living with HIV increases the likelihood of detecting new syphilis cases.

Management of Sex Partners

Persons exposed sexually to a patient who has syphilis in any stage should be evaluated clinically and serologically and treated with a recommended regimen.

Sexual partners of infected patients should be considered at risk and provided treatment if they have had sexual contact with the patient within 3 months plus the duration of symptoms for patients diagnosed with primary syphilis, 6 months plus duration of symptoms for those with secondary syphilis, and 1 year for patients with early latent syphilis. DHEC offers confidential partner notification services.

Reporting Requirements

Reporting of Primary and Secondary Syphilis cases (probable or confirmed) is consistent with South Carolina Law requiring the reporting of diseases and conditions to your state or local public health department. (State Law # 44-29-70 and Regulation # 61-20) as per the DHEC 2011 List of Reportable Conditions available at: http://www.scdhec.gov/administration/library/CR-009025.pdf

Report Primary and Secondary Syphilis by phone within 24 hours of diagnosis in Greenville and Pickens Counties at: **(864) 282-4139 or (864) 282-4175** (weekdays before 5:00 PM) or during nights and weekends at **1-800-993-1186, Fax: (864) 282-4373.**

Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities to collect and receive such information for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512).

Sources for Information

- 2010 STD Treatment Guidelines (CDC) - Diseases Characterized by Genital Ulcers
  http://www.cdc.gov/std/treatment/2010/genital-ulcers.htm#syphilis

- 2010 STD Treatment Guidelines (CDC) - Special Populations
  http://www.cdc.gov/std/treatment/2010/specialpops.htm#msm

- 2010 STD Treatment Guidelines (CDC) – Gonococcal Infections in Adolescents and Adults
  http://www.cdc.gov/std/treatment/2010/gonococcal-infections.htm

- For more information on HAV testing, diagnosis, and vaccination please refer to:
  http://www.cdc.gov/std/treatment/2010/vaccine.htm

- For more information on viral hepatitis in MSM populations please refer to website
  http://www.cdc.gov/hepatitis/Populations/PDFs/HepGay-FactSheet.pdf

- South Carolina Code of Law
  http://www.scstatehouse.gov/code/statmast.htm

- South Carolina Code of Regulations
  http://www.scstatehouse.gov/coderegs/statmast.htm

Regional Public Health Offices – 2011

Mail or call reports to the Epidemiology Office in each Public Health Region.

Region I
Anderson, Oconee
220 McGee Road
Anderson, SC 29625
Phone: (864) 260-4358
Fax: (864) 260-5623
Nights / Weekends: 1-866-298-4442

Abbeville, Edgefield, Greenwood, Laurens, McCormick, Saluda
1736 S. Main Street
Greenwood, SC 29646
Phone: 1-888-218-5475
Fax: (864) 942-3690
Nights / Weekends: 1-800-420-1915

Region 2
Greenville, Pickens
PO Box 2507
200 University Ridge
Greenville, SC 29602-2507
Phone: (864) 282-4139
Fax: (864) 282-4373
Nights / Weekends: (864) 809-3825

Cherokee, Spartanburg, Union
PO Box 4217
151 E. Wood Street
Spartanburg, SC 29305-4217
Phone: (864) 596-2227, x- 210
Fax: (864) 596-3443
Nights / Weekends: (864) 809-3825

Region 3
Chester, Lancaster, York
PO Box 817
1833 Pageland Highway
Lancaster, SC 29720
Phone: (803) 286-9948
Fax: (803) 286-5418
Nights / Weekends: 1-866-867-3886

Region 3 (continued)
Fairfield, Lexington, Newberry, Richland
2000 Hampton Street
Columbia, SC 29204
Phone: (803) 576-2749
Fax: (803) 576-2993
Nights / Weekends: 1-888-554-9915

Region 4
Clarendon, Kershaw, Lee, Sumter
PO Box 1628
105 North Magnolia Street
Sumter, SC 29150
Phone: (803) 773-5511
Fax: (803) 775-9941
Nights/Weekends: (803) 458-1847

Chesterfield, Darlington, Dillon, Florence, Marlboro, Marion
145 E. Cheves Street
Florence, SC 29506
Phone: (843) 661-4830
Fax: (843) 661-4859
Nights / Weekends: (843) 601-7051

Region 5
Bamberg, Calhoun, Orangeburg
PO Box 1126
1550 Carolina Avenue
Orangeburg, SC 29116
Phone: (803) 533-7199
Fax: (803) 533-7134
Nights / Weekends: (803) 516-5166

Aiken, Allendale, Barnwell
1680 Richland Avenue, W. Suite 40
Aiken, SC 29801
Phone: (803) 642-1618
Fax: (803) 643-8386
Nights / Weekends: 1-800-614-1519

Region 6
Georgetown, Horry, Williamsburg
1931 Industrial Park Road
Conway, SC 29526-5482
Phone: (843) 915-8804
Fax: (843) 365-0085
Nights / Weekends: (843) 381-6710

Region 7
Berkeley, Charleston, Dorchester
4050 Bridge View Drive, Suite 600
N. Charleston, SC 29405
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Nights / Weekends: 1-843-441-1091

DHEC Bureau of Disease Control

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